

Nebraska Medicaid EHR Incentive Program – Frequently Asked Questions

The Centers for Medicare and Medicaid Services (CMS) web site offers provider guidance and official up-to-date, detailed information about the Medicare and Medicaid EHR Incentive Programs, including eligibility, payments, meaningful use, and registration at:

<http://www.cms.gov/EHRIncentivePrograms/>.

CMS Frequently Asked Questions are found at:

<http://questions.cms.hhs.gov/app/answers/list/p/21,26,1139>

A link to the Nebraska State Medicaid HIT Plan (SMHP) is found at:

http://dhhs.ne.gov/medicaid/Pages/med_ehr.aspx

General Program Questions

1. What is the Electronic Health Record (EHR) Incentive Payment Program?

In 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH) established programs under the Centers for Medicare and Medicaid Services (CMS) to provide incentive payments for the meaningful use of certified electronic health record (EHR) technology by eligible providers. Nebraska's Medicaid EHR Incentives Program is program administered by the Department of Health and Human Services, the Division of Medicaid and Long-Term Care.

2. What is Certified Electronic Health Record Technology?

Certified Electronic Health Record (EHR) technology are products that have been tested and certified under the Office of the National Health Information Technology Coordinator (ONC) in accordance with the standards, implementation specifications, and certification criteria set forth in the ONC's Final Rule. The web address to the ONC Certified HIT Product List is: <http://onc-chpl.force.com/ehrcert>.

Nebraska Program Eligibility and Enrollment Questions

3. When does the program start?

Nebraska's State Medicaid Health Information Plan (SMHP) was approved by CMS in November, 2011. Nebraska is planning a May, 2012 launch of the Medicaid EHR Incentive Program. A link to the SMHP may be found at the Nebraska EHR Incentive webpage:

http://dhhs.ne.gov/medicaid/Pages/med_ehr.aspx

4. What are the eligibility requirements for qualifying provider types?

Eligible Medicaid provider types must meet the following additional criteria in order to participate in the Medicaid EHR Incentive Payment Program:

- Must see patients covered by Nebraska Medicaid;
- Must meet appropriate patient volume thresholds;

- Must not be hospital-based. A hospital-based EP is defined as an EP who furnishes 90% or more of their covered professional services in either the inpatient or emergency department of a hospital;
- Must meet practitioner licensing requirements for the EP type in the state in which they are located;
- Must not have any current sanctions that have temporarily or permanently barred them from participation in the Medicare or State Medicaid programs;
- Must demonstrate that during the payment year, it has adopted, implemented, or upgraded certified EHR technology;
- PA's must practice in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is so led by a physician assistant.

5. How do I register (once registration is available)?

You must register for incentive payments at both the State and Federal level:

- First at the **Federal level**, you will register with the CMS Registration & Attestation System. Registration is now available at the CMS website: <http://www.cms.gov/EHRIncentivePrograms>. When registering, you will need to choose Nebraska as the state option in order to continue with the state application. **NOTE:** Nebraska will not be an option on this website until May 2012 when Nebraska is ready to accept applications.
- Registration for the Nebraska Medicaid EHR Incentive Program in Nebraska is expected to begin in May, 2012. Once Nebraska starts accepting applications you will be directed from the CMS Registration & Attestation application to Nebraska's Medicaid EHR incentive program website to continue with the EHR incentive program application and attestation at the **State level**. Registration will be accessed from the Nebraska Medicaid EHR Incentive web page at: http://dhhs.ne.gov/medicaid/Pages/med_ehr.aspx

6. To apply as an eligible professional (EP), what information do I need for the Medicaid EHR Incentive Program?

IMPORTANT NOTE: EPs will not be able to start the registration process with CMS until Nebraska's EHR Incentive Program is launched and registration is open. Nebraska is targeting May 2012 to begin accepting registrations for the Nebraska Medicaid EHR Incentive Program.

To begin, EPs will first register with the CMS Registration and Attestation system and select Nebraska as their state for the Medicaid Incentive Payment Program. Then EPs must then register and attest at the state level with the Nebraska Medicaid Incentive Program.

The federal government's Registration & Attestation System requires that Medicaid eligible professionals registering with CMS submit the following information:

- NPI: National Provider Identifier (NPI) where the source system is NPPES (National Plan and Provider Enumeration System)
- Payee TIN: Tax Identification Number that is used for payment
- Personal TIN: Personal Taxpayer Identification Number
- Program Option: Choice of program to use for incentives; Medicare or Medicaid
- State: The selected State for Medicaid participation
- Provider Type: Types of providers as listed in HITECH legislation

- Provider's email address that is used to submit information to the CMS Registration & Attestation System (although this information is not required by CMS, it is highly suggested in the event that the office needs to contact the provider.)
- Indication of whether the provider will assign the incentive payments (and, if so, to whom they wish to assign their incentive payments)

7. To apply as an eligible hospital (EH), what do I need?

- Medicare Provider Enrollment, Chain, and Ownership System (PECOS) enrollment - All EHs must have enrollment information in PECOS to register for the EHR Incentive Programs. PECOS system which manages, tracks, and validates enrollment data for Medicare providers and suppliers. If a hospital has never enrolled in PECOS, the hospital will need to do so at: <http://www.cms.gov/MedicareProviderSupEnroll>. Providers can check to see if they are enrolled in PECOS at this link.
- CMS Identity and Access Management (I&A) User ID and Password.
- A National Provider Identifier (NPI).
- Hospitals will also need a CMS Certification Number (CCN).
- An active web user account in the National Plan and Provider Enumeration System (NPPES).
- Taxpayer Identification Number (TIN) or Employer Identification Number (EIN).

8. When do providers make attestations? What attestations are required? What attestation documentation is required?

EPs and EHs will attest to all information collected as part of the registration in the State program.. DHHS will provide a summary of provider information prior to payment. .

Eligible Providers will attest to the following:

- Patient volume calculations
- Documentation of adopt, implement, or upgrade of certified EHR technology (in the first participation year)
- Meaningful Use of certified EHR technology in second participation year
- Assignment of payment- voluntary (if applicable)
- EP practicing predominantly in an FQHC or RHC
- EP type, including whether the applicant meets the definition of a pediatrician

Eligible Hospitals will have to provide and attest to the following information:

- EHR Certification Number for the EHR Technology adopted, implemented or upgraded
- Patient Volume (acute care hospitals)
- Data on Medicaid discharges, total discharges, Medicaid inpatient days, total inpatient days, hospital's total charges and charity care charges
- Documentation of adopt, implement, or upgrade of certified EHR technology (in the first participation year)
- Meaningful Use of certified EHR technology in second participation year

9. What will Nebraska Medicaid accept as documentation for demonstration of AIU (Adopt, Implement, or Upgrade) of a certified HER Technology?

Acceptable evidence of AIU of a certified EHR technology will include the following information:

- Provider name and location or EHR
- Vendor name and contact information
- Certified system name, version, and ONC certification number
- CMS HER Certification ID
- Date and term of provider contractual arrangements

Typically, appropriate documentation to verify AIU will be a copy of the signed contract between the provider and EHR vendor. The following table provides examples of acceptable documentation:

Attestation	Example of Acceptable source documentation
Adopt	A signed purchase order or signed EHR vendor contract
Implement	Contract with REC or other entity with whom implementation exercises are planned, documented implementation work plan And EHR vendor contractual arrangement
Upgrade	Signed EHR vendor contract And Signed vendor letter

10. Can someone else, for example, my office manager or hospital administrator, apply for the NE Medicaid EHR incentive payments on my behalf?

Registration at the Registration & Attestation System may be submitted in proxy by administrative staff. Additional detail may be found in the frequently asked questions on the CMS EHR Incentives pages. Registration at the state level will require a signature from the EP or EH to be considered a complete attestation.

EHR Incentive Program Payments

11. How will the Nebraska Medicaid incentive payments be made to eligible hospitals?

DHHS will calculate an annual EHR hospital incentive amount which will be paid to eligible hospitals over a 3-year period. Incentive payments to hospitals will be distributed at 50, 40 and 10% respectively. Hospitals need to demonstrate and attest to program qualifications each year to receive payment.

12. How is the Medicaid incentive payment calculated for eligible hospitals?

Calculating the overall incentive payment is a multi-step process and utilizes hospital data on total discharges to compute a growth rate which is used to determine projected eligible discharges. A base amount of \$2,000,000 is added to the eligible discharge amount and a transition factor is applied to

arrive at the overall EHR amount. The overall EHR amount needs to be adjusted for charity care before Medicaid's share can be calculated and then adjusted by the portion of CHIP discharges. It requires the hospital to provide the following information:

- Total Hospital Discharges (Sum of all inpatient discharges) for the most recent 4 years,
- Total Number of Medicaid Inpatient Bed Days (Medicaid FFS, and Medicaid managed care patients),
- Medicaid discharges (Inpatient discharges for Medicaid FFS, Medicaid managed care patients),
- Hospital's total charges for all patients, and
- Charity Care Charges for all discharges

The following table outlines the body of data that need be reported by an EH and the source information:

Total Discharges - Fiscal Year 1*	Worksheet S-3, Part I, Column 15, Line 12
Total Discharges - Fiscal Year 2	Worksheet S-3, Part I, Column 15, Line 12
Total Discharges - Fiscal Year 3	Worksheet S-3, Part I, Column 15, Line 12
Total Discharges - Fiscal Year 4	Worksheet S-3, Part I, Column 15, Line 12
Total Medicaid Days	Worksheet S-3, Part I, Column 5, Lines 1, 6-10 (and validated against MMIS data)
Medicaid HMO Days	Worksheet S-3, Part I, Column 5, Line 2
Total Hospital Days	Worksheet S-3, Part I, Column 6, Lines 1, 2, 6-10
Total Charity Charges	Worksheet S-10, Line 30
Total Hospital Charges	Worksheet C, Part I, Column 8, Line 101

CMS guidance describing the hospital calculation formula is posted at Medicaid Hospital Incentive Payments Calculations. It is important to note, for the purposes of Hospital payment calculation that discharges and inpatient bed-days are limited to those from the acute, inpatient care portion of a hospital. This would exclude nursery bed days and services rendered in a psychiatric or rehabilitation unit of the hospital which is a distinct part of the hospital. Additional information specific to Nebraska EH calculations will be posted at the DHHS Medicaid EHR Incentive website in the near future.

13. How will payments to eligible hospitals be made?

EHR payments will be entirely separate from claim payments. The incentive payment will be issued from and distributed by the state accounting and payment system through electronic fund transfer (EFT).

Meaningful Use

14. What are the timing requirements for Stage 1 of Meaningful Use (for years 2011 and 2012)?

All providers are eligible to participate under AIU in the first payment year. Dual-eligible hospitals attesting to Meaningful Use under Medicare in the first year will also be under MU for Medicaid. All providers must demonstrate Meaningful Use in the second and subsequent payment years.

Meaningful Use includes both a Core Set and a Menu Set of Objectives that are specific to eligible professionals or eligible hospitals.

- **Eligible Professionals**. There are a total of 25 Meaningful Use Objectives for eligible professionals. To qualify for an incentive payment, 20 of these 25 objectives must be met. There are 15 required Core Objectives. The remaining 5 objectives may be chosen from the list of 10 Menu Set Objectives.
- **Eligible Hospitals**. There are a total of 24 Meaningful Use Objectives for eligible hospitals. To qualify for an incentive payment, 19 of these 24 objectives must be met. There are 14 required Core Objectives. The remaining 5 objectives may be chosen from the list of 10 Menu Set Objectives.

15. What are the timing requirements for “Clinical Quality Measures”?

To demonstrate Meaningful Use successfully, eligible professionals, and eligible hospitals are required also to report specific Clinical Quality Measures respectively. Therefore, timing is specific to the provider based on the first year achievement of Meaningful Use.

- **Eligible Professionals** must report on 6 total Clinical Quality Measures: 3 required Core Measures (substituting alternate core measures where necessary) and 3 Additional Measures (selected from a set of 38 Clinical Quality Measures).
- **Eligible Hospitals** must report on all 15 of their Clinical Quality Measures.

16. Does DHHS have the capacity to accept Immunization records or reportable lab results electronically from an EHR?

Efforts are under way to accept public health measure data. When available, providers will need to test with the system and should continue to record this data.

17. Is the State of Nebraska accepting syndromic surveillance data at this time?

The Nebraska Department of Health and Human Services (for the State) is ready and able to accept syndromic surveillance data from providers. Currently we are able to accept HL7 2.5.1 formatted data via a secure messaging system called PHINMS. For more information regarding syndromic surveillance data and/or a copy of our Syndromic Surveillance Data specifications please contact Gary White at: gary.white@nebraska.gov or 402-471-6509.

Resources

18. Besides the incentive payments, what resources are available to the help implement an EHR?

Wide River Technology Extension Center (TEC) is the Health Information Technology Regional Extension Center for Nebraska. Wide River TEC was formed out of a federal grant aimed to assist healthcare providers in adopting electronic health records (EHRs) and achieve the Meaningful Use of EHRs. For Information about assistance with EHR selection and implementation for Nebraska providers go to <http://www.widerivertec.org/default.aspx> or call (402) 476-1700.

19. Who can I contact if I still have questions?

E-mail your questions to Nebraska Medicaid EHR Incentive Program staff at this mailbox: DHHS.EHRIncentives@nebraska.gov.